24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full) CONSERVATIVE, AUTHENTIC, RESPONSIVE LEADERSHIP FOR	
YOU AND FOR AMERICA	C C00573154
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination
Mailing Address SPECTRUM MARKETING COMPANIES95 ED	02 02 2016
STE 101	Amount
City State Zip Code	18610.00
MANCHESTER NH 03102	Transaction ID : SE24.3955 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT MAIL Category/ Type	02 01 2016
Name of Federal Candidate Support Office	e Sought: House District:
CARLY FIORINA Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
SPECTRUM MARKETING COMPANIES	02 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address SPECTRUM MARKETING COMPANIES95 ED	
STE 101	Amount
City State Zip Code	14289.04
MANCHESTER NH 03102	Transaction ID : SE24.3956 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT MAIL Category/ Type	02 02 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
CARLY FIORINA Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disb. 2010	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	32899.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	32899.04
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	02
Signature	